

3000

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

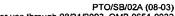
Attorney Dock t Number

DECLARATION FO	R LITH ITV OP	Attorney Dock	Citalibei		
DESIG		First Named In	ventor	Warren S. Page	
PATENT APPLICATION			COMPLETE IF KNOWN		
(37 CFR 1	1.63)	Application Nur	nber		
Declaration	Declaration	Filing Date			
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Group Art Unit			
Filing	(37 CFR 1.16 (e)) required)	Examiner Name	9		
As a below named inventor, I hereby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.					
I believe I am the original, first and names are listed below) of the sub					
DIGITAL IN-CAR VIDEO SURVEILLANCE SYSTEM					
	(Title of th	o (myontion)			
the specification of which	(Title of the	e Invention)			
is attached hereto					
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International					
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).				
I hereby state that I have reviewed amended by any amendment spec			ified specificat	ion, including the cla	ims, as
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Cop	y Attached? NO
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:			a sheet PTO/		

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nur or Bar Code L		OR C	orrespondence address below
James J. Kernell Chase Law Firm, L.C. Name	-		
4400 College Boulevard, Suite 130 Address			
Overland Park City		State Kansas	ZIP 66211
USA Country	913-339 Telephone	9-9666	913-339-6061 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas been filed for this ur	nsigned inventor
Given Name Warren S. (first and middle [if any])		Family Name Page or Surname	
Inventor's Signature	Page		Date 9-17-03
Parsons Residence: City	Kansas State	USA Country	USA Citizenship
18013 Highway 59 Mailing Address			
Parsons City	Kansas State	67357 ZIP	USA Country
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this uns	igned inventor
Given Name James K. (first and middle [if any])		Family Name Creviston or Surname	
Inventor's James K. Crewist	T on		Date 09-17-03
Chanute Residence: City	Kansas State	USA Country	USA Citizenship
Mailing Address 309 North Western			
Chanute City	Kansas State	66720 ZIP	USA Country
Additional inventors are being named on the _1_	supplemental Additio	onal Inventor(s) sheet(s) PTC	/SB/02A attached hereto.



ADDITIONAL INVENTOR(S)

DECLARATION		Supplement	al Sheet	F	Page -2 of2
Name of Additional Joint Inventor, if any:		A petit	tion has been filed	for this unsign	ned inventor
Given Name (first and middle (if any)		Family Name	e or Surname		
David W.		Teeter			
Inventor's Signature Switch	TV-rees	Ti-	100	Date	9/18/03
Overland Park Residence: City	Kansas State		JSA Country	USA Citize	nship
9741 Slater Lane Mailing Address					
Mailing Address					
Overland Park	Kansas		66212	USA	
City	State	t	Zip	Cou	untry
Name of Additional Joint Inventor, if any:		A petit	ion has been filed	for this unsign	ed inventor
Given Name (first and middle (if any)			Family N	lame or Surnan	ne
Roger A.		Adwell	_		
Inventor's Rom A Adull		Date 9/17/	/2003		
Chanute Residence: City	Kansas State		USA Country		USA Citizenship
923 North Forest Mailing Address					
Mailing Address					
Chanute City	Kansas State		66720 Zip	USA Cor	untry
Name of Additional Joint Inventor, if any:			ion has been filed	•	
Given Name (first and middle (if any)			Family Na	ame or Surnam	ie
Thomas E.		Mitchell			
Inventor's Signature / homos E. Atthe		Date	9-17-20	23	
Chanute Residence: City	Kansas State		USA Country		USA Citizenship
21 South Tennessee Avenue Mailing Address					
Mailing Address					
Chanute · City	Kansas State		66720 Zip	USA Cou	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

		$\overline{}$
Please type a plus sign (+) inside this box	 ▶	- 41

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Warren S. Page
Title	Digital In-Car Video Surveillance
CONSUPERATE MINIT	System
Examiner Name	
Attorney Docket Number	3000

I hereby appoint:				
	Customer Number 23618	□-	No	ace Customer umber Bar Code abel here
Practitioner(s) II		Ī	Registration	Number
D. A. N. Ch	Name ase	20,6		Nutriber
Michael Yakimo, Jr. 28,549				
	Ginnie C. Derusseau 35,855			
James J. Ker		42,7		·
Sean T. Brad	lev	46,5	72	
as my/our attorney(s)	or agent(s) to prosecute the application id	lentifie	d above, and	to transact all
	States Patent and Trademark Office con	-		
	respondence address for the above-ident oned Customer Number. ustomer Number	ified a	Place	Customer er Bar Code here
Firm or Individual Name	I Iomaa I V amali/('baca I ass kirm I ('			
Address	4400 College Boulevard, Suite 130			
Address				
City	Overland Park	State	Kansas	Zip 66211
Country	United States of America			
Telephone	913-339-9666	Fax	913-339-6061	
I am the: Applicant/Inver Assignee of red Statement und	otor. cord of the entire interest. See 37 CFR 3.7 er 37 CFR 3.73(b) is enclosed. (Form PT	71. O/SB/\$	96).	
	SIGNATURE of Applicant or Assigne	e of R	ecord	
Name Warre	n-S. Page			
Signature	oren A. Tagl			
Date	-17-03			
NOTE: Signatures of all the inve forms if more than one signature	entors or assignees of record of the entire interest of its required, see below*.	or their r	epresentative(s)	are required. Submit multiple
	orms are submitted.			

		_
•	7	

Please type a plus sign	(+) inside this box	 П
industry policy orgin	١.	,	

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Warren S. Page
Title	Digital In-Car Video Surveillance
CONTRACTOR AND	System
Examiner Name	_
Attorney Docket Number	3000

I hereby appoint:			
Practitioners at Customer Number 23618 OR	Place Customer Number Bar Code Label here		
✓ Practitioner(s) named below:			
Name	Registration Number		
D. A. N. Chase	20,682		
Michael Yakimo, Jr.	28,549		
Ginnie C. Derusseau	35,855 42,720		
James J. Kernell Sean T. Bradley	46,572		
as my/our attorney(s) or agent(s) to prosecute the applic	cation identified above, and to transact all		
business in the United States Patent and Trademark Of			
Please change the correspondence address for the above. The above-mentioned Customer Number. OR Practitioners at Customer Number OR	ve-identified application to: Place Customer Number Bar Code Label here		
Firm or Individual Name James J. Kernell/Chase Law Firm	a, L.C.		
Address 4400 College Boulevard, Suite 13	4400 College Boulevard, Suite 130		
Address			
City Overland Park	State Kansas Zip 66211		
Country United States of America			
Telephone 913-339-9666	Fax 913-339-6061		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (For example, 1997)			
SIGNATURE of Applicant or	Assignee of Record		
Name David W. Teeter			
Signature Tw Let			
Date 9/18/03/			
NOTE: Signatures of all the inventors or assignees of record of the entire forms if more than one signature is required, see below*.	interest or their representative(s) are required. Submit multiple		
□ *Total of _5forms are submitted.			

Please type a plus sign (+) inside this box ———	Please tvp	a plus sign e	(+) inside this box	 ▶	\vdash
---	------------	---------------	---------------------	-----------	----------

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Warren S. Page
Title	Digital In-Car Video Surveillance
CONTRACK MAIN	System
Examiner Name	
Attorney Docket Number	3000

I hereby appoint:					
_ OR	Customer Number 23618	Place Customer Number Bar Code Label here			
Practitioner(s) na	amed below:				
D.A.N.Chi	Name	Registration Number			
	D. A. N. Chase 20,682				
	chael Yakimo, Jr. 28,549 nnie C. Derusseau 35,855				
	James J. Kernell 42,720				
Sean T. Bradl	ey	46,572			
	r agent(s) to prosecute the application identified that and Trademark Office controlled the cont				
_	espondence address for the above-identi ned Customer Number. stomer Number	fied application to: Place Customer Number Bar Code Label here			
Firm or Individual Name	Firm or Individual Name James J. Kernell/Chase Law Firm, L.C.				
Address	4400 College Boulevard, Suite 130				
Address					
City	Overland Park	State Kansas Zip 66211			
Country	United States of America				
Telephone	913-339-9666 F	Fax 913-339-6061			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant or Assigned	e of Record			
Name Thomas E ₁ Mitchell					
Signature Thomas E. Aleter					
Date 9-17-2003					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
	ms are submitted.				



Please	type	a plus	sign ((+)	inside	this t	юх		F
10036	rype	a pius	aigi i	.,	11 12100	una t	~~		١.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Warren S. Page
Title	Digital In-Car Video Surveillance
CONSUPERATE MAINT	System
Examiner Name	
Attorney Docket Number	3000

Practitioners at Customer Number OR Practitioner(s) named below: Name	I hereby	appoint:						
Name D. A. N. Chase D. A. N. Chase D. A. N. Chase Michael Yakimo, Jr. Ginnie C. Derusseau 35,855 James J. Kernell San T. Bradley as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. OR Practitioners at Customer Number. OR Address 4400 College Boulevard, Suite 130 Address Address Address Address Address City Overland Park State Vanited States of America Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date Office connected therewith. Place Customer Number Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	_ OR		•	23618			Number I	Bar Code
D. A. N. Chase Michael Yakimo, Jr. Ginnie C. Derusseau James J. Kernell Sean T. Bradley as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: ▼ The above-mentioned Customer Number. OR Practitioners at Customer Number. OR Practitioners at Customer Number. OR Address City Overland Park State Kansas City Overland Park State Kansas Zip 66211 Country United States of America Telephone 1 am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date Off: Ore 1 and their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						Registra	tion Numbe	ər
Ginnie C. Derusseau James J. Kernell Sean T. Bradley As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Immor Piace Customer Number Bar Code Label here Place Customer Number Bar Code Label here Address 4400 College Boulevard, Suite 130 Address City		D. A. N. Cha			20			
James J. Kernell Sean T. Bradley as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address 4400 College Boulevard, Suite 130 Address City Overland Park State Kansas Zip 66211 Country United States of America Telephone 1 am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date ONTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		Michael Yaki						
Sean T. Bradley as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address 4400 College Boulevard, Suite 130 Address City Overland Park State County United States of America Telephone 913-339-9666 Fax 913-339-6061 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date Date OR Assignatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: \[\textstyle{\textsty		James J. Kern	Kernell 42,720					
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address City Overland Park Country United States of America Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date OG-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		attorney(s) or	agent(s) to prosecute		identifi	ed above, a		sact all
Address 4400 College Boulevard, Suite 130 Address 4400 College Boulevard, Suite 130 Address City Overland Park State Kansas Zip 66211 Country United States of America Telephone 913-339-9666 Fax 913-339-6061 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature August Lawritin Date 09-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	✓ The a OR □ Practi	above-mentior	ed Customer Number		ntified	F N	Place Custom Number Bar C	
City Overland Park State Kansas Zip 66211 Country United States of America Telephone 913-339-9666 Fax 913-339-6061 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature O9-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			James J. Kernell/Chase Law Firm, L.C.					
City Overland Park State Kansas Zip 66211 Country United States of America Telephone 913-339-9666 Fax 913-339-6061 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature O9-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address		4400 College Boulevard, Suite 130					
Country United States of America Telephone 913-339-9666 Fax 913-339-6061 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date 09-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address							
Telephone 913-339-9666 Fax 913-339-6061 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date O9-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City		Overland Park		State	Kansas	Zip	66211
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date O9-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country			erica				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name James K. Creviston Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone		913-339-9666		Fax	913-339-6	061	
Name Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.							
Signature Date O9-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIGNATURE of Ap	plicant or Assign	nee of	Record		
Date O9-17-63 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name James K. Creviston							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
forms if more than one signature is required, see below*.	1/ 25/ 17/57							
☑ *Total of <u>5</u> forms are submitted.				of the entire interest	or their	representativ	e(s) are requi	red. Submit multiple
Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments of								



Please type a plus sign (+) inside this box ———— 🕂	Please type a plus	sign (+) inside this	box	▶□	F
--	--------------------	---------	---------------	-----	----	---

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Warren S. Page
Title	Digital In-Car Video Surveillance
COSTANCE MAIN	System
Examiner Name	
Attorney Docket Number	3000

I hereby appoint:				
Practitioners at Customer Number 23618 OR	Place Customer Number Bar Code Label here			
Practitioner(s) named below:				
Name	Registration Number			
D. A. N. Chase	20,682			
Michael Yakimo, Jr. 28,549				
Ginnie C. Derusseau 35,855				
James J. Kernell	42,720 46.572			
Sean T. Bradley as my/our attorney(s) or agent(s) to prosecute the application in business in the United States Patent and Trademark Office con	entified above, and to transact all			
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Place Customer Number Bar Code Label here				
Firm or Individual Name James J. Kernell/Chase Law Firm, L.C.				
Address 4400 College Boulevard, Suite 130	4400 College Boulevard, Suite 130			
Address				
	State Kansas Zip 66211			
Country				
Telephone 913-339-9666	Fax 913-339-6061			
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Roger A. Adwell				
Signature Rom A Adjul				
Date 9/17/2003				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
□ *Total of _5forms are submitted.				